

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/600788**

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1/2					
4	2/1					
5	1/④					
6	④/1					
7	1					
8	1					
9	1					
10	1/3					
11	1/①					
12	1					
13	1					
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TOTAL IND.	2					
TOTAL DEP.	12	↔	↔	↔		
TOTAL CLAIMS	14					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL DEP.		↔	↔	↔				
TOTAL CLAIMS								